



PTO/SB/81 (01-06)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	21 April 2006
	First Named Inventor	Angeline Ingrid BARTHOLOMEUSZ
	Title	HBV variants detection.....
	Art Unit	
	Examiner Name	
	Attorney Docket Number	19781

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

00272

OR

☐ Practitioner(s) named below

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

MELBOURNE HEALTH

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Angeline Ingrid Bartholomeusz</i>	Date	3/11/06
Name	ANGELINA WATT	Telephone	03 93428530
Title and Company	ACTING DIRECTOR OF RESEARCH, MELBOURNE HEALTH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of five forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/56)

AUSTIN HEALTH

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	5/10/06
Name	ANGELINE M. BARTHOLOMEUSZ	Telephone	442656030
Title and Company	CEO Austin Health		

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Attorney Docket Number	19781

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00272

OR

Name	Registration Number

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OR

OR

Address

City

Country

Telephone

State

Zin

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/96)

BAYSIDE HEALTH

SIGNATURE of Applicant or Assignee of Record

Signature

Name _____

Title and Company

Date _____

Date _____

1

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**POWER OF ATTORNEY
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Application Number	
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First Named Inventor	Angeline Ingrid BARTHOLOMEUSZ
Title	HBV variants detection.....
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Examiner Name	
Attorney Docket Number	19781

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OR

☐ The address associated with Customer Number:

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SOUTHERN HEALTH

SIGNATURE of Applicant or Assignee of Record

Signature		Date	31 Oct 2006
Name	Elna S. Acceden	Telephone	(613) 95942742
Title and Company	Corporate Counsel, Southern Health		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/81 (01-06)
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CORRESPONDENCE ADDRESS
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Application Number	
Filing Date	21 April 2006
First Named Inventor	Angeline Ingrid BARTHOLOMEUSZ
Title	HBV variants detection.....
Art Unit	
Examiner Name	
Attorney Docket Number	19781

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00272

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OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

ST. VINCENT'S HOSPITAL (MELBOURNE) LTD. SIGNATURE of Applicant or Assignee of Record
trading as ST. VINCENT'S HOSPITAL MELBOURNE

Signature	<i>Nicole Freeman</i>	Date	8/10/06
Name	NICOLE FREEMAN	Telephone	978 3938
Title and Company	CHIEF EXECUTIVE OFFICER ST VINCENT HOSPITAL MELBOURNE LIMITED		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/96 (12-05)
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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angeline Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: _____ Filed/Issue Date: 21 April 2006

Entitled: HBV variants detection and application

MELBOURNT HEALTH

(Name of Assignee)

a

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or a true copy of the original assignment is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Angela Watt

Signature

31/10/2006

Date

DR ANGELA WATT

613 9342 3530

Printed or Typed Name

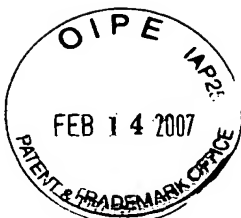
Telephone Number

ACTING DIRECTOR OF RESEARCH

Title

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PTO/SB/06 (12-05)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Angela Ingrid BARTHOLOMEUSZ et alApplication No./Patent No./Control No.: _____ Filed/Issue Date: 21 April 2006Entitled: HBV variants detection and applicationAUSTIN HEALTH

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Brendan Murphy

Signature

BRENDAN MURPHY

Printed or Typed Name

CEO AUSTIN HEALTH

Title

3/10/06

Date

039496 5365

Telephone Number

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angelina Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: _____ Filed/Issue Date: 21 April 2008

Entitled: HBV variants detection and application

BAYSIDE HEALTH

(Name of Assignee)

, a

(Type of Assignee: corporation, partnership, university, government agency, etc.)

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1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Jennifer Williams
Signature
Jennifer Williams
Printed or Typed Name
Chief Executive
Title

30/10/06
Date
(03) 9276 2000
Telephone Number

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angeline Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: _____ Filed/Issue Date: 21 April 2006

Entitled: HBV variants detection and application

SOUTHERN HEALTH a statutory corporation
(Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

John Snowden
Signature
Printed or Typed Name
Corporate Counsel
Title

31 Oct 2006
Date
(613) 95942742
Telephone Number

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angeline Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: _____ Filed/Issue Date: 21 April 2006

Entitled: HBV variants detection and application

ST. VINCENT'S HOSPITAL (MELBOURNE) LTD
(trading as ST. VINCENT'S HOSPITAL MELBOURNE)

(Name of Assignee)

a _____
(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

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(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or a true copy of the original assignment is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
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The document was recorded in the United States Patent and Trademark Office at
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.
(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Nicole Feeley

Signature

NICOLE FEELEY

Printed or Typed Name

CHIEF EXECUTIVE OFFICER

Title

3112100

Date

9288 3938

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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